Immunizations from A to ZPLUS

This free educational training encompasses all aspects of immunization practices.

March 17, 2009, 8:30am to 2:00pm

Registration begins at 8AM; Continental breakfast and lunch provided, Courtesy of sanofi pasteur Location: 8th Floor Board Room, County City Building. 227 W Jefferson Blvd, South Bend, IN Parking: Best option is parking garage at Wayne & Main for \$3/day (across from library) Contact Jodi Morgan with questions about class (219)-650-5051 Contact Barbara Baker with questions about location or parking (574)-235-9745

Who Should Attend?

This training is for anyone who provides immunizations, or is interested in learning more about vaccine preventable diseases.

Past participants include NPs, RNs, LPNs, CNAs, MDs, MAs, PAs, & faculty and students in the medical field.

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Optional sessions following the A to Z training. Informational session on the Vaccines for Children (VFC) program and a Q & A session on the immunization registry CHIRP. Additional sessions will be held following A to Z session.

Topics Included

Principles of Vaccination
Vaccine Preventable Diseases
Child & Adolescent Immunizations
Adult Immunizations
General Recommendations
Safe & Effective Vaccine Administration
Vaccine Storage & Handling
Vaccine Misconceptions
Reliable Resources

Registration Form (Deadline: March 12, 2009)

To register fax this form to (219)-395-9586 A separate form must be used for each person. *Please print clearly*. Confirmations will be sent via **email** only. If you do not have an email address, you will not receive a confirmation notice but will still be registered.

Name			Credentials (RN, LPN, MD, etc.)				
Practice/Clinic			Job Title				
Mailing Address				10.30 20.20 2 20.2			N 2002 E3 2
City							
Daytime Phone		Business Fax _					
Email			VFC	Provider l	PIN		
Have you attended the Immunizations f		Yes		No			
Would you like to receive our Immunization E-Newsletter by Email? Are you currently a CHIRP user?				Yes Yes		No No	
If No, would you like more information on CHIRP?				Yes		No	
Are you currently a VFC Provider?				Yes		No	
If No, would you like more information on the VFC program?				Yes		No	